

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90093 048 ***150.00

DOCUMENT # F94000001135

1. Corporation Name
ENVIREX INC.

Principal Place of Business
1901 S PRAIRIE AVENUE
WAUKESHA WI 53186-7360
US

Mailing Address
PO BOX 1604
WAUKESHA WI 53187-1604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/07/1994

4. FEI Number
34-1545942

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SEIDEL, ANDREW D
STREET ADDRESS 40004 COOK ST
CITY-ST-ZIP PALM DESERT CA

☐ DELETE

TITLE DVPS
NAME GEORGINO, DAMIAN C
STREET ADDRESS 40004 COOK ST
CITY-ST-ZIP PALM DESERT CA

☒ DELETE

TITLE DVP
NAME SPENCE, KEVIN L
STREET ADDRESS 40004 COOK ST
CITY-ST-ZIP PALM DESERT CA

☐ DELETE

TITLE VPCT
NAME DIEKER, JAMES W
STREET ADDRESS 40004 COOK ST
CITY-ST-ZIP PALM DESERT CA

☐ DELETE

TITLE VPAS
NAME DREWEK, KATHERINE M
STREET ADDRESS 1901 S PRAIRIE AVE
CITY-ST-ZIP WAUKESHA WI

☐ DELETE

TITLE VPAS
NAME HULME, MICHAEL E
STREET ADDRESS 40004 COOK ST
CITY-ST-ZIP PALM DESERT CA

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☒ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99 414-521-8504

Date

Daytime Phone #

CR2E034 (11/98)